

OFFICE USE ONLY

LICENSE # _____

ISSUE DATE _____

EXPIRES _____

**DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION****MASSAGE
OR
BATH ESTABLISHMENT
REGISTRATION
APPLICATION**


THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR



DEPARTMENT OF
PUBLIC SAFETY

() New () Renewal

APPLICANT INFORMATION

Full Name:			State of Ohio Vendor's License:		
Self Employed: YES NO			Employer:		
Date of birth:		SSN:	Federal ID:		
Current address:					
City:		State:		Zip Code:	
Phone Number:			Cell Phone:		
Email:					
Ohio Driver's License Number:				Expiration Date:	
Sex: M F	Race:	Height:	Weight:	Hair:	Eyes:
Are you a U.S. citizen?	YES NO	Place of Birth:			
Are you a legal alien?	YES NO	Alien Registration #			
If born outside of the U.S., proof of citizenship or alien registration card must be submitted.					
Have you had a City of Columbus license and/or permit revoked, suspended or refused within the last three (3) years? YES NO					
If yes, please explain:					
Have you ever been convicted of a felony? YES NO					
List all felony convictions in the United States over the past seven (7) years. IF NONE, WRITE "NONE"					
Are you on felony probation or parole? YES NO				If yes, date began:	
Have you ever been required to register as a sexual offender? YES NO				If yes, date began:	

BUSINESS INFORMATION:**FEDERAL I.D.#** _____

Check One: Single Owner [] Partnership [] Incorporated []
(If Incorporated, business name must be exactly as shown on its Articles of Incorporation.)

Business Name: _____ Phone: _____

Business Address: _____
NUMBER STREET CITY STATE ZIPServices Administered at business: _____
_____**Complete the following information of the Statutory Agent as is registered with the Ohio Secretary of State:**

Name: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Phone#: _____

Does this Establishment conform to the City Codes, including, but not limited to; building, health, fire, the State of Ohio and Federal Laws? **YES NO**Has the business or corporation had any previous licenses refused from any governmental agency, including revocations and/or suspensions? **YES NO (If yes, please explain)****Complete the following information of ALL persons who have a direct or indirect interest in the business and corporate officers that hold 10% or more of stock offered by said corporation or partnership.**1) _____
Name TitleHome Address: _____
Number Street City State Zip

Date of Birth: _____ Place of Birth: _____ Social Security: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver's License Number: _____ Record Check _____

2) _____
Name Title

Home Address: _____
Number Street City State Zip

Date of Birth: _____ Place of Birth: _____ Social Security: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Driver's License Number: _____ Record Check _____

(Attach additional sheets if necessary)

STOP HERE - BELOW WILL BE COMPLETED BY OFFICE STAFF

OFFICE USE ONLY

COPY OF DRIVER'S LICENSE OR GOVERNMENT ISSUED I.D. ☐

BCI RECORD CHECK ☐

PHOTO ☐

ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN DENIAL OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3), (A-5), COLUMBUS CITY CODE 501 AND 540.

State of Ohio, County of Franklin

_____, Being duly sworn, deposes and says
(Print Applicant Name)

he/she is the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

(Applicant Signature)

DO NOT DATE

Swore to before me and subscribed in my presence this _____ day of _____, 20____

Notary or Agent of Director of Public Safety
MUST BE SIGNED, DATED and NOTARIZED